

Monday April 30th, 2012

If you want to mail a check, please return this form with your check to:  
MBDS PO Box 633 Green Lane, PA 18054-0633

Doctor Attending Menu Selection: Fish Chicken Vegetarian:

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Other Attendees: Fish Chicken Vegetarian:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

\$46.00 per person Total Attending ( ) x \$46.00 = \$ \_\_\_\_\_

\$67.00 if **received** after 4/21/12 or at the door